

STATE OF MISSISSIPPI

Department of Environmental Quality

Office of Land and Water Resources

P.O.Box 2309

Jackson, Mississippi 39225

PERMIT TO DIVERT OR WITHDRAW FOR BENEFICIAL USE THE PUBLIC WATERS

This permit is issued to the landowner named below in accordance with the provisions of the Mississippi Water Laws, Mississippi Code Sections 51-3-1, et seq. (1972, as amended), and the regulations and standards as promulgated thereunder. Whether or not specifically named in this permit or in the applications for this permit, anyone using water from the diversion/withdrawal point described below shall do so in compliance with the provisions of this permit. Neither this permit, nor any authority conferred hereby, may be sold, conveyed, encumbered, assigned or otherwise aliened, for any period of time or under any conditions whatsoever. This permit may not be modified, transferred, or revoked without prior action by the Permit Board. Any attempts to modify, transfer or revoke this permit, or to take any other action on this permit, shall be invalid and unenforceable and may result in immediate revocation or suspension of this permit. The holder of this permit shall at all times be responsible for adherence to the terms and conditions of this permit. No agreement between the permit holder and any other party shall affect the obligations and liabilities of the permit holder. Water use under this permit is allowed only when the streamflow or lake level elevation (whichever, if any, is applicable) is above the established minimum, pursuant to Mississippi Code Section 51-3-7. Authorization is hereby granted to divert/withdraw water for the beneficial use designated herein, and for no other purpose, subject to the following terms, conditions, and limitations:

Permit Number: MS-GW-50829 Total Permitted Acreage: 70

Landowner Name: DUNN JR, M D, LIMITED PARTNERSHIP

Landowner Address: 320 WEST LEE DRIVE
CLARKSDALE, MS 38614

Source of Water: MISSISSIPPI RIVER VALLEY ALLUVIAL AQUIFER

Beneficial Use(s): IRRIGATION

Diversion/Withdrawal Location: SE 1/4 of the SE 1/4 Section: 06 Township: 24N Range: 01W

County: TALLAHATCHIE Quad: WEBB

Permitted Acreage: Irrigation: 70 Fish Culture: 0 Wildlife Management: 0

Maximum Volume: See Special Terms And Conditions (attachment I)

Applicant Name: FLAT GRASSY FARMS

Applicant Address: 320 WEST LEE DRIVE
CLARKSDALE, MS 38614

Date Permit Issued: 07/25/2019

Date Permit Expires: 07/25/2024

Date Permit Modified:

Date Permit Reissued:

This permit shall be deemed null and void if construction has not begun within one (1) year of the permit issue date.

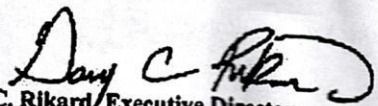
SPECIAL TERMS AND CONDITIONS 1:

See Attachment I which is hereby declared part of this permit.

RECEIVED

JAN 28 2020

BY OLWR


Gary C. Rikard, Executive Director
Mississippi Department of Environmental Quality

Tal # 19-0279

STATE WELL REPORT

Part 1

Driller's Log

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225-2309
(601)961-5210
(601)360-0535 (fax)

For Office Use Only:

Well #: J 129
Aquifer: _____
E-Log #: _____

County: TALLAHATCHIE
Permit #: GW-50829
Driller: CHAD MATTOX
Date drilling completed: 7/26/19

State Law requires that this report be prepared by the license holder responsible for the work and filed with the Department at the above address within 30 days of completion of drilling of the well or borehole.

| Well Owner Information <small>(Landowner if borehole is not for a water well)</small> | Well or Borehole Location |
|--|--|
| Owner Name: <u>DUNN JR, MD, LIMITED PARTNERSHIP</u> | Latitude: <u>33.981389</u> Longitude: <u>90.337010</u> <u>33.973524</u> <u>-90.328867</u> |
| Mailing Address: <u>320 WEST LEE DR</u> | Method of Lat/Long (check one): Conventional Survey <input type="radio"/> , USGS quad <input type="radio"/> , Hand-held GPS <input checked="" type="radio"/> , Survey-grade GPS <input type="radio"/> |
| <u>CLARKSDALE</u> MS <u>38614</u> | <u>SE</u> ¼ <u>SE</u> ¼, Sec <u>6</u> T <u>24 N</u> R <u>1 W</u> |
| City State Zip Code | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |
| Telephone No. <u>(662) 902-3136</u> | |

| Well / Borehole Data |
|---|
| Date drilling started: <u>7/26/19</u> Date drilling completed: <u>7/26/19</u> Hole depth: <u>110</u> Hole diameter: <u>19</u> |
| Location of the source of any surface water used for drilling: _____ |
| Method of dosing and volume of Chlorine used in drilling and development: _____ |
| Logs run (check all applicable): <input checked="" type="checkbox"/> No log run <input type="checkbox"/> Electric <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Density <input type="checkbox"/> Sonic <input type="checkbox"/> Neutron <input type="checkbox"/> Other: _____ |
| Name of organization running log(s): _____ |
| Purpose of borehole (circle one): <input checked="" type="radio"/> Water Well <input type="radio"/> Geotechnical/Geological Investigation <input type="radio"/> Ground Source Heat Pump <input type="radio"/> Seismic Survey <input type="radio"/> Other (describe) _____ |
| <i>If drilling is not related to water well construction, skip the remainder of this block</i> |
| Purpose of Well (check all applicable): <input type="checkbox"/> Home <input type="checkbox"/> Industrial <input type="checkbox"/> Public Supply <input checked="" type="checkbox"/> Irrigation <input type="checkbox"/> Fish Culture |
| Other (describe): _____ |
| If a flowing well, method of flow regulation: Valve _____ Other (describe) _____ |
| Static Water Level: <u>36</u> feet <input type="radio"/> above / <input type="radio"/> below land surface Date measured: <u>7/24/19</u> (select one) |
| Method of measurement (select one): <input checked="" type="radio"/> Steel tape <input type="radio"/> Electric tape <input type="radio"/> Air line <input type="radio"/> Other (describe): _____ |
| Well depth: <u>110</u> Well grouted to a depth of: <u>10</u> feet Type of grout (select one): <input type="radio"/> Neat Cement <input checked="" type="radio"/> Bentonite <input type="radio"/> Mix |
| Casing length: <u>70</u> feet Casing diameter: <u>12</u> inches Type of casing: <u>PVC</u> |
| Screen length: <u>40</u> feet Screen diameter: <u>12</u> inches Type of screen: <u>PVC</u> |
| Screen slot size: <u>.032</u> inches Setting depth: From <u>70</u> feet to <u>110</u> feet |
| Type of completion (check all applicable): <input checked="" type="checkbox"/> Gravel packed <input type="checkbox"/> Underreamed <input checked="" type="checkbox"/> Open hole <input type="checkbox"/> Natural Development |
| Other (describe): _____ |
| Top of lap pipe or reduction in casing: _____ feet |
| <i>If telescoped or more than one screen, describe on next page</i> |

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BY OLIVER

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 2309
 Jackson, MS 39225-2309
 (601)961-5210
 (601) 360-0535 (fax)

| |
|--|
| County: <u>TALLAHATCHIE</u> |
| Permit #: <u>GW-50829</u> |
| Driller: <u>CHAD MATTOX</u> |
| Date completed: <u>7/26/19</u> |
| <i>Copy information from block on Part 1</i> |

| |
|-----------------------------|
| For Office Use Only: |
| Well #: <u>J 129</u> |
| Aquifer: _____ |

This part of the report must be completed by a licensed water well contractor or a licensed pump installer. A copy of Part 1 of the report must be attached and both parts filed with the Department at the above address within 30 days of well completion.

| Well Owner Information | Well Location |
|---|---|
| Owner Name: <u>DUNN JR, MD, LIMITED PARTNERSHIP</u> | Latitude: <u>33.981389</u> Longitude: <u>90.337010</u> |
| Mailing Address: <u>320 WEST LEE DR</u> | Method of Lat/Long (select one): <u>33.973524</u> <u>-90.328867</u> <input type="radio"/> Conventional Survey <input type="radio"/> |
| <u>CLARKSDALE</u> <u>MS</u> <u>38614</u> | USGS quad <input type="radio"/> Hand-held GPS <input checked="" type="radio"/> Survey-grade GPS <input type="radio"/> |
| City State Zip Code | <u>SE</u> $\frac{1}{4}$ <u>SE</u> $\frac{1}{4}$, Sec <u>6</u> T <u>24N</u> R <u>1W</u> |
| Telephone No. (<u>662</u>) <u>902-3136</u> | _____ Miles _____ of _____ (Distance) (Direction) (Nearest Town) |

Pump Type (select one)

Submersible Turbine Air Lift Centrifugal Flowing Well Jet Piston Rotary Other (describe): _____

Date Pump Installed: 7/26/19 Rated Pump Capacity: 1600 Gallons Per Minute

Is This Pump (select one): New Repaired Replacement

Power Type (select one)

Electric Diesel Gasoline Natural Gas Tractor PTO Windmill Other (describe): _____

Horse Power Rating of Motor: 60 Setting Depth: 70 feet Number of Stages: 2

Pump Test Data for Non Flowing Well

Date Well Tested: _____ Duration of Pump Test (minimum 4 hours): _____ hours

Static Water Level (A): 36 Feet Below Land Surface Pumping Water Level (B): _____ Feet Below Land Surface

Drawdown [(B) - (A)]: _____ Feet Below Land Surface Test Pumping Rate: _____ Gallons Per Minute

Method of measurement (select one): Steel tape Electric tape Air line Other (describe): _____

Pump Test Data for Flowing Well

Measured shut in head: _____ feet.

Well yielded _____ GPM with a drawdown of _____ feet after _____ hours of pumping

Meter Installation

Meter Manufacturer: _____ Meter Serial Number: _____

Meter Model Number/Name: _____ Type of Meter: _____

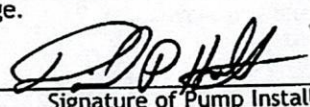
Totalizer Register Unit and Multiplier Factor (AF x .001, gal x 1000, etc): _____

Installation Date: _____ Meter installed by: _____

Is This Meter (circle one): New Repaired Replacement

Important: By submitting the above information you are certifying that this meter was installed to manufacturer standards. For agricultural wells, a list of approved meters is on the MDEQ website.

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

David P. Holt 0-752P 8/8/19 

Print Name of Pump Installer and License No. (if applicable) Date Signature of Pump Installer